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[Orange, N.J.]

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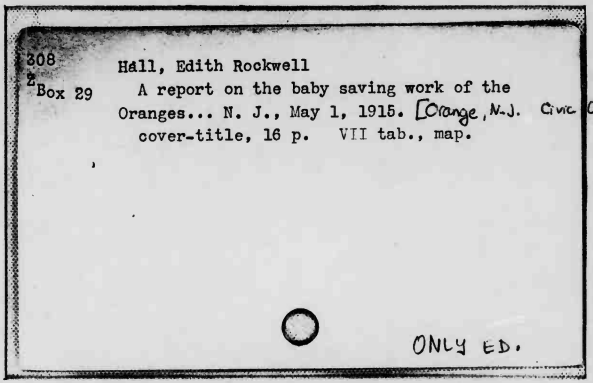
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A REPORT

on the

BABY SAVING WORK OF THE ORANGES

By

EDITH ROCKWELL HALL

Field Secretary of the

CIVIC COMMITTEE OF THE WOMAN'S CLUB

ORANGE, N. J.

May 1, 1915

15 Feb 1916 MC

Pin map representing by racial grouping and place of residence 1,898 babies born in the Oranges in 1914
(See Table II.)

A REPORT ON THE BABY SAVING WORK OF THE ORANGES

"Mortality statistics show that the most dangerous occupation in the world is that of being a baby"

A study of the infant welfare activities of the Oranges has been undertaken by the Civic Committee of the Woman's Club with a view to finding out just what is at present being done, how it is being done, and along what lines new effort should be encouraged or present methods improved.

The history of the movement during the past four years has been one of encouraging progress. Before that time what was done of baby-saving work was carried on exclusively by private organizations, working independently of each other with different methods and often overlapping in their visiting of cases.

The first step toward establishing a more scientific system was taken in the summer of 1911, when a new organization, the Committee for the Prevention of Infant Mortality, was formed by a group of citizens who felt that by the existing methods the work was being carried on with too much emphasis on the care of sick babies exclusively rather on the preservation of healthy ones, and with too little attention to the value of the instruction of mothers in their homes as to the proper care and feeding of babies, both sick and well, and on the importance of accurate records and the study of home conditions in their effect on the life of the child.

It was the intention of this Infant Mortality Committee at first to have its nurse carry on her work over the whole territory of the Oranges, but it at once became clear that this field was much too large for any effective work, and her territory was soon limited to a congested district of Orange alone. The value of the intensive work done in this district was so evident at the end of a year and a half that the nurse was taken over by the Orange Board of Health—a second forward step in the campaign—and the newly formed Committee, having made its successful demonstration, ceased to exist.

A third step in the systematizing of the campaign was taken when, largely through the good offices of the Public Welfare

Committee of Essex County, the various private agencies and the Orange Health Department were brought together and organized as the Infant Hygiene League of the Oranges, later re-organized under its present name of the Baby Welfare Association.

The first constructive work of this Association was to obviate the overlapping of visits by marking out definite districts within which the several organizations agreed to confine their activities, and in the spring of 1913 a general transfer of cases was made in accordance with this plan.

TABLE I.

Consultation Stations of the Baby Welfare Association.

DISTRICT	ORGANIZATION	CONSULTATION STATION	HOURS	TEL.	NURSE	DOCTOR
I.	Orange Health Department	29 South St. Orange	Fri. 2-4	248	Miss E. Anderson	Dr. Harvey, Jr.
II.	Diet Kitchen	124 Essex Av. Orange	Wed. 2-4	1158-w	Miss Aughey	Dr. Harvey, Jr.
III.	Diet Kitchen	365 Dodd St. East Orange	Thurs. 2-3	1158-w	Miss Aughey	Dr. Chas. Dane
IV.	Visiting Nurses' Association	24 Valley St. Orange	Thurs. 2 30-4	158	Miss Earnest	Dr. Harvey, Jr.
V.	Visiting Nurses' Association	Washington School W. O.	Wed. 3 30-5	158	Miss Daniel	Dr. A. B. Thompson
VI.	E. O. Aid to Sick	11 Munn Av. East Orange	Fri. 4-5	3947	Mrs. Gemmell	Dr. C. F. Abraham
VII.	S. O. Comfort Society	7 So. O. Av. South Orange	Fri. 2-3	359 S. O.	Miss Farnsworth	Dr. Chas. Dane
VIII.	E. O. Aid to Sick	Elmwood School E. O.	Thurs. 4-5	3947	Mrs. Gemmell	Dr. C. F. Abraham

These organizations and their present districts (see Table I) are:

1. The Orange Health Department, covering the district in Orange, east of Center Street and stretching from Park Avenue south to the South Orange line.

2. The Diet Kitchen, covering two distinct sections,—first, a part of Orange north of the railroad together with the Essex Avenue district east to Center Street, with its central consultation and milk dispensing station in the Bureau of Charities building; second, the northern portion of Orange and the Doddtown section of East Orange, with a branch consultation station in Doddtown.

3. The Visiting Nurses' Association caring for the Valley section (both Orange and West Orange) with their consultation

station at headquarters; and also the northern section of West Orange, along with the Lakeside Avenue section of Orange, with a second consultation station in the Washington Street School, West Orange.

4. The East Orange Aid to the Sick, covering all East Orange except the Doddtown section, with one consultation station at their headquarters in Munn Ave. and a second station recently opened in the Elmwood school.

5. The South Orange Society for Lending Comforts to the Sick, with South Orange as its field.

Since January 1914, the Secretary of the Civic Committee of the Woman's Club has served as Secretary of the Baby Welfare Association and, as a member of the executive committee of the Association, has represented the Civic Committee in voicing proposals for more scientific methods and for better coordination of effort in the work. The report and recommendations here presented are made by her in the name of the Civic Committee.

At present the management and the financial responsibility of these several agencies are entirely independent of each other and of the Baby Welfare Association and, although the executive committee of the Association exerts an advisory influence, there is no definite central control over the methods, standards and purposes of the separate societies. This lack of guidance by a central authority in the forming and executing of plans is undoubtedly a great handicap in the consistent development of the work. To obviate differences of method and to coordinate the work more effectively, the executive committee has drawn up and adopted as a recommended outline of policy the following set of resolutions, to which the organizations have expressed a willingness to conform as far as possible at the present time and to accept as a standard policy in the development of their work.

Resolutions adopted by the Baby Welfare Association as a recommendation of policy for the several organizations engaged in the work of infant mortality prevention.

RESOLVED:—That in a given district babies be selected from the birth records or other sources according to their probable need of supervision, and that supervision begin as soon after birth as possible.

That, as a general rule, supervision be limited to not more than 125 babies in the care of one nurse.

That *supervision* be taken to mean at least one home visit every two weeks unless the baby is brought each week to the weighing station and is found to be in satisfactory condition; and that, even in this case, home visits be frequent enough to insure a reliable knowledge of home conditions.

That supervision should include standard record cards, kept by the nurse, of home visits as well as of weighing station data.

That the nurses engaged in infant welfare work be free from all other nursing duties, and be chosen for their special fitness for this work.

That no advice or treatment be offered at the weighing stations to mothers of babies already in charge of private practitioners, and that no home visits be made to babies in the care of a physician without his request or consent; but that physicians be urged to cooperate in the purposes of the weighing stations and to use the weighing station nurses when they can be of service in their cases.

That in the work done by the organizations in this Association the utmost cooperation with the Health Boards be offered by the nurses in helping to check up unreported births, and in reporting unsatisfactory conditions in housing, milk supply, and general sanitation.

That the Association adopt a policy of publicity in regard to the needs of the several districts, and work toward securing municipal support and control of the infant welfare campaign throughout the Oranges.

Following these resolutions, plans are under way to adopt a uniform record card for home visits, and a standard form for summarizing reports of home conditions and of cases under observation at home and at the consultation stations. It is thought that by this means much data valuable for the study of health conditions and needs may be made available to the health authorities even before they are in a position to assume full control of the campaign.

The distribution of population in the Oranges by racial grouping and by municipalities may be known fairly accurately through a study of birth records during the past year. (see map opposite page 1). Figures for the four Oranges from January 1, 1914 to January 1, 1915 are as follows:

TABLE II.

Births Jan. 1, 1914—Jan. 1, 1915 (corrected as to births occurring in local hospitals).

	Orange	East Orange	West Orange	South Orange
English Speaking Races	355	489	233	70
Italian	299	40	64	30
Other foreign	70	57	54	6
Negro	71	50	1	9
Total	795	636	352	115

Of these, some 1000 babies, sorting them according to occupation of father and locality of residence, come under those whose mothers would presumably welcome and profit by the advice and instruction of a baby welfare nurse, and if we count the same numbers as an approximate reckoning of the distribution of last year's births, we have a fairly correct estimate of the population under two years of age in the various sections of the community. Roughly estimated thus, there are to-day the following number of babies, under two years of age, that come under the head of those likely to be in need of supervision in the districts for which the several organizations are responsible.

TABLE III.

Estimate of babies under 2 years needing supervision.

	English Speaking	Italian and other foreign	Negro	Total
District of the Orange Health Department	120	100	98	318
Diet Kitchen	180	458	14	652
East Orange Aid	160	86	84	330
Visiting Nurses' Association	220	332	12	564
South Orange Society	68	64	18	150
	748*	1040	226	2014

*It is even likely that the number of English speaking families to whom the offices of a baby welfare nurse would be beneficial is underestimated rather than overestimated. The type of ignorant untrained young mother in the well-to-do middle class presents a problem in baby welfare work not yet satisfactorily reached. A study of the infant death record shows a considerable percentage of deaths from preventable causes in this class.

An examination of the resources of these organizations shows how inadequately they are equipped at present for the work needing to be done, and how unevenly responsibility is divided among them. The Orange Health Deparment and the Diet Kitchen have each one nurse, and they are the only organizations maintaining a full time nurse for baby work alone. The other three are general nursing societies, carrying on the baby welfare work as part of, or in addition to, their other activities. The Visiting Nurses' Association assigns two nurses to the work, each however on very limited part time and each responsible for nursing calls in other lines of work. In South Orange also the baby saving work of the Society for Lending Comforts to the Sick is not separated from the general work carried on by the single nurse in charge of all the varied activities of the Society. The East Orange Aid during the past year has employed a special baby nurse for two days a week, and has splendidly demonstrated the need in East Orange for an active campaign of infant welfare work. But the function of this Society is the general nursing of the sick, and their resources have been severely strained to support this additional preventive work.

Attention is especially called to the fact that, while this demonstration by the East Orange Aid has been carried on by a part time nurse responsible for the baby welfare work alone, the baby work of the Visiting Nurses' Association and of the South Orange Comfort Society is carried as part time work by nurses who are responsible also for confinement calls as well as for bedside care in other emergency or chronic cases. While it is open to debate whether infant mortality work should be organized as a separate activity, or can with greater advantage be combined with other branches of constructive welfare work in the hands of general health nurses, it is universally conceded that nurses charged with preventive welfare supervision should not be burdened with the responsibility and nerve strain of remedial nursing. Humanitarian concern for the suffering or the critically ill must inevitably outweigh the demands of the slow educational work of a constructive health campaign, and make it of minor importance in the work of the district. The cause of baby welfare and ultimate community good would be immensely served if these societies could be relieved by the municipalities of this part of the health responsibility of their districts, or if their subscribers, understanding the need, would make contributions for the special purpose of establishing a nursing force for preventive health work not subject to calls in other fields of service.

Official reports from the organizations give the following figures for cases under supervision:

TABLE IV.

Cases under supervision, 1914.

	Number of babies under supervision during year	Number of home visits made	Total number babies brought to consultation class	Total number of weighings	Deaths under supervision (under 2 years)
Jan. 1, 1914 to Jan. 1, 1915 Orange Health Department (One nurse full time)	208	3291	145	1074	3
Oct. 1, 1913 to Nov. 1, 1914 Diet Kitchen (One nurse full time)	375	2565	254	1930	15
Oct. 1, 1913 to Nov. 1, 1914 Visiting Nurses Assoc. (Two nurses part time, no definite hours assigned)	218	1773	257	1026	4
May 18, 1914 to Apr. 1, 1915 East Orange Aid to the Sick (One nurse part time—Two days a week)	172	1731	153	814	7
Jan. 1, 1914 to Jan. 1, 1915 S. O. Society for Lending Comforts to the Sick (One nurse part time, no definite hours assigned)	49	887	14	103	0

Definite conclusions must not be too sharply drawn from this table, since the periods for which the reports are made do not coincide even approximately and the dates do not in all cases cover exact years, and since the different circumstances in which the several nurses work modify very much the meaning of the figures. Two things however may be noticed from these reports:

1. That in no district does the number of babies under supervision come anywhere near the estimate of those demanding oversight in the several districts. (See Table III.)

2. That there is a great variation in the number of home visits made and of babies cared for per nurse by the several organizations maintaining special baby nurses, indicating a wide divergence of policy as to what constitutes "supervision". (See recommendations p. 4.)

The record of infant deaths in the four Oranges is shown in the following tables:

TABLE V.

Deaths under one year, Jan. 1, 1914 to Jan. 1, 1915.

	Orange	East Orange	West Orange	South Orange
Italian	16	11	1	3
Other foreigners	4	2	3	0
English speaking	17	36	16	3
Colored	8	5	0	2
Total	45	54	20	8
Infant death rate per 1000 births	57	85	57	69

The causes of infant death were:*

TABLE VI.

Deaths under 1 year by causes.

	Orange		East Orange		West Orange		South Orange	
	1 mo.	1 mo. to 1 yr.	1 mo.	1 mo. to 1 yr.	1 mo.	1 mo. to 1 yr.	1 mo.	1 mo. to 1 yr.
Diarrhoeal diseases	0	6	1	5	1	....	1	1
Malnutrition and Inanition	2	4	3	6	1	2	....	....
Respiratory diseases	2	11	3	7	....	3	....	2
Prematurity	4	....	9	....	7	....	2	....
Injury at birth and congenital malformation	7	....	16	....	3	....	....	1
Other causes	3	6	1	3	....	3	....	1
	18	27	33	21	12	8	3	5
Total under 1 year	45		54		20		8	

*The subdivisions here used are somewhat modified from the international classification with the idea of grouping (in the first three classes) those diseases that for the study of baby welfare conditions, may be considered preventable. Premature birth and congenital malformation also, while not directly preventable, still may be very definitely controlled and lessened by means of prenatal care and instruction.

TABLE VII.

Infant deaths distributed among baby welfare districts.

	Orange Health Dept.	Diet Kitchen	Visiting Nurses Association	East Orange Aid	S. Orange Comfort Soc.
Italian	2	11	4	11	3
Other foreign	1	4	4	0	0
English speaking	4	11	23	33	3
Negro	7	1	0	5	2
Total under 1 year	14	27	31	49	8
From 1 to 2 years	2	10	4	7	0
Total under 2 years	16	37	35	56	8
Deaths reported among supervised babies (see Table IV)	3	15	4	7	0

In the case of the Diet Kitchen, the Visiting Nurses' Association and the East Orange Aid, these figures may be taken to indicate only in a general way the relation of their work to the needs of their districts. The data presented cannot be used for exact comparison since the dates within which the reports are made differ from each other and from the standard official year used for the reckoning of births and deaths. Only in the case of the Orange Health Department and the South Orange Society for Lending Comforts to the Sick is the report made from January to January and the cases under supervision made exactly comparable with the official vital statistics.

It will be seen from Tables III. and IV. how heavy a responsibility in proportion to their equipment is placed upon the three first named organizations. Happily, to meet the need demonstrated by the part time work of the East Orange Aid during the past year, plans have already been made for the assumption of the entire baby welfare campaign by the Health Department of that municipality. East Orange is to be congratulated on the policy of the Health Department in this respect. The Visiting Nurses' Association and the Diet Kitchen still depend on private subscriptions for support of their work, and at present have not the means to meet anywhere near adequately the demands of the districts for which they are expected to assume responsibility. Until such means are provided it is a question whether the ends of child welfare would not in the long run be better served by a

concentration of effort by these societies on a limited district and a smaller number of babies, to whom, even to the present neglect of some others, adequate supervision could be given, and from whose histories, carefully recorded and studied, definite conclusions could be drawn as to the effect and value of the service. Only by such demonstrations can the need of more generous provision be shown to the public, and only by such exact study of conditions and results can the most successful methods of work be tested and proved.

In South Orange also the baby welfare work is supported entirely by private subscriptions, and the records point to the need for a much more systematic supervision than is at present exercised. While no deaths have occurred there during the year among the babies listed as supervised, out of the 8 infant deaths officially reported, 6 clearly belong among those who would have been benefited by oversight. 41 of this year's babies are at present registered under supervision out of an estimated 75 likely to need oversight, but only a total of 49 out of a probable 150 under two years of age. The problem of infant mortality in South Orange is still small enough to escape general notice, but it is a definite problem and even now too large to be successfully handled by a single nurse already burdened by a number of varied and exacting duties. Since as a problem it is not superficially apparent, a glance at conditions as indicated by official records is worth while. The infant death rate (that is, the number of deaths of infants under 1 year of age per 1000 living births) is 69 (see Table V) but of the total 115 births in 1914 nearly one quarter are recorded in a single street three blocks long, where the death rate shows 111 per thousand as against 56 in the districts outside. Out of 4 illegitimate births recorded in the village, 3 are referred to this street. Of the 8 infant deaths occurring in the village at large 4, or one half, were from diseases which in the light of recent scientific experience may be looked upon as preventable. These figures are significant, even though hard and fast conclusions cannot safely be drawn from numbers so small and covering only a single year. South Orange now has the unusual opportunity of being able to institute measures for conserving her child life and health while the problem is still small enough to be studied in its entirety and dealt with adequately. It is to be hoped that she will seize the opportunity without delay. The time has undoubtedly come when a scientific baby welfare campaign should be made an important part of the municipal health program.

The district now under the direction of the Orange Department of Health is the only part of the Oranges at present under municipal control. It is the section most nearly equipped to meet adequately the estimated need and the one in which the fullest and most exact records have been kept.

The summary of the cases in this district for 1914 is as follows:

Cases under observation		208
Total home visits		3291
Manner cases came under supervision:		
	Carried over from 1913	75
	Referred by doctors	8
	Application in person	33
	From prenatal visits	4
	Referred by other organizations	15
	Found by nurse	18
	Referred by neighbors	5
	Taken from birth certificates (midwife cases)	50
		208
Average length of time cases were under supervision		187½ days
Disposition of cases:		
	Carried over at end of 1914	123
	Dropped from supervision	82
	Died	3
Reasons for dropping 82 cases:		
	Refused admittance	2
	Moved from district	20
	Age and good condition	19
	Lack of cooperation and persistent indifference of mother	16
	Visits not needed	10
	Referred to other organizations	11
	Miscellaneous	4
		82

The record of only three deaths among the babies under supervision in this district is especially remarkable since it is the largest negro section and hence one where a heavy death rate might be expected. (The negro infant death rate in Orange during the past year was 113 as against 53 for the Italian and 57 for the entire city.)

The causes for these three deaths were:

1. Acute gastro-enteritis, 5 mos. 10 days — Died shortly after the mother went to work, the child being left with a neighbor without the knowledge of the nurse.

2. Meningitis following bronchitis, 4 mos. 21 days..... Had been put on bottle at one mo.

3. Rickets, malnutrition, 8 mos. 21 days..... Illegitimate child. Weaned at six weeks and boarded out while mother went to work. In hospital 27 days before it died.

It will be noticed that all these babies were artificially fed.

Of the remaining 13 deaths in this district, 6 only were due to causes which must be accepted as unpreventable. Of the "preventable" cases 2 deaths were due to enteritis; 2 to pneumonia; 2 to inanition; 1 to bronchitis and rickets. Of these again 1 was outside the class needing the services of a welfare nurse, 1 died under a day, but 5 appear to be cases in which the ministrations of the nurse would have been desirable. While the function of the baby nurse is primarily to do preventive and not remedial nursing, it is in such cases as these last where she may be of inestimable value, even after the disease has appeared, in supplementing the physician's work by keeping an oversight of feeding and prescribed treatment between his visits. Physicians do not at present avail themselves of this service as freely as they have been urged to do, nor do they as a body give the co-operation to be looked for in referring new born babies to the oversight of the nurse. It will be noticed that of the 208 babies under supervision in the Health Department district only 8 were referred to the nurse by physicians.

It will be seen that the entire 16 deaths under 2 years of age in this district is 5.2% of the whole number of babies estimated as needing supervision. The three deaths under supervision are .94% of the whole estimated number of babies or 1.4% of the number under supervision.

In the neighboring district of the Diet Kitchen, while similar calculations show the entire number of deaths to be 5.6% of all babies estimated as needing supervision, the number of deaths under supervision is 2.3% of all babies, or 4% of those under supervision, as against .94% and 1.4% in the Department of Health district. The work of the Diet Kitchen is known to be carried on with skill and with rare devotion to the cause of baby welfare. These figures, however, unquestionably point to the value of more intensive work than one nurse can provide in so extended and crowded a district, and argue forcibly the immediate necessity of more ample provision for the needs of this section of Orange.

The needs of the scattered district covered by the Visiting Nurses' Association are not clearly demonstrable by any statistics at present available, though it is certain to those familiar with the social conditions in various parts of the district that there is great need for more intensive educational and preventive instruction in infant care than the Association has now means to supply. The region is one housing many foreigners and factory hands and the record of only 4 deaths among a list of 218 supervised babies is a remarkable one of which the Association may well be proud. But while the infant death rates of both West Orange and Orange are low, there are certain indications in the proportion of deaths in this district from prematurity, or in very early infancy, of a general lack of vigor and a low health standard. Of 31 infant deaths occurring in the district, 19 were under 18 days and 15 of these under 5 days.

But it must be remembered for this and for all districts considered, that it is dangerous to draw conclusions from a single year's record, especially when we are dealing with small numbers. The keeping of exact individual records from year to year, uniform among the several organizations, and of district summaries such as are here shown for the Orange Health Department, cannot be too strongy urged as an essential to the intelligent study of conditions and needs.

To meet the need of more adequate provision for systematic baby saving work throughout the community, the Civic Committee urges the following recommendations put forth by the executive committee of the Baby Welfare Association "as a means of covering needs at present only partially met, and of more efficiently organizing the work of the several separate agencies into a successful cooperative campaign." The aim of the Committee is to bring the work as soon as is practicable entirely under municipal support and control.

The Committee proposes:

1. That East Orange be asked to appoint a municipal nurse* under the direction of the Health Board to develop baby welfare work in that city, taking over the weighing stations established in the Elmwood School and in the Doddtown section by the East Orange Aid and the Diet Kitchen respectively, and opening a station in the neighborhood of Jones and Academy Streets. The Eastern School is suggested as a suitable center. It is

*Since these recommendations were drawn up East Orange has made an appropriation for a municipal baby welfare nurse.

probable that the first year's work would point to the need for a second nurse to cover the field adequately, or it is possible that it would be advisable, in taking over the work, for the city to ask the cooperation of the East Orange Aid in retaining supervision of some particular section for the first year. It would, however, be the aim of the Committee to put the responsibility for the baby welfare work entirely upon the municipality as soon as possible, leaving the private organization free for other enterprises.

2. That Orange be asked to provide a second baby nurse, preferably one speaking Italian, and in addition to the city's present field of work, to take over the congested Essex Avenue district now being cared for by the Diet Kitchen. A new weighing station should be established at the center of this neighborhood.

3. That, until such time as each municipality is prepared to appoint a sufficient number of full time nurses, South Orange and West Orange be asked to make appropriations for a nurse to serve the two municipalities jointly. The proportion of 2 to 3½ days is suggested as a fair allotment of time and salary for the relative needs of the two communities.

4. That the Diet Kitchen be asked to withdraw from the East Orange Doddtown section, and to cover the section of Orange north of west Main Street and the railroad. This would include the region of North Center and New Streets, at present cared for by the Health Department nurse, and the Lakeside Avenue section in Orange, now included in the district supervised by the Visiting Nurses' Association.

5. That the Visiting Nurses' Association be asked to concentrate the work of a baby nurse on full time in the Valley section of Orange, this nurse and the nurse of the Diet Kitchen to work under the supervision of the Orange Health Officer until such time as the city shall be able to assume the support and full control of these districts.

Assuming the adoption of this plan, it is proposed that a joint committee of the four health departments (such as already exists for the supervision of the milk supply) be asked to assume the supervision of the baby welfare compaign in the four communities, inviting to confer with them a representative of each of the private organizations supplying nurses for the work.

As a completion of this plan, the Committee would look forward to the future assumption by the cities of full municipal

support for this work, including provision for an expert supervising nurse, responsible to the Joint Committee, to direct and develop a wide child welfare campaign throughout the Oranges.

Besides an extended and perfected supervision of infant life, such a campaign would in time include a definite provision for prenatal oversight and instruction to expectant mothers, the organization of Little Mothers' Classes in the schools, and the extension of supervision to children between infancy and school age. The slogan, "Compulsory Education must mean Compulsory Health", is a hopeless cry if the compulsion or opportunity for health and health knowledge is to begin only with school inspection and instruction, when perhaps ill health has already established itself and permanently crippled body and spirit.

The conception of such a health service as visionary or outside the province of the municipality to supply is one that is rapidly disappearing in the face of the proved value of the work. It is trite to point out that a healthy citizenry is the biggest asset of the community. The poorest and most ignorant self-supporting laborer pays his share of the tax money in the price of his bread and potatoes, and there is no more chance of pauperizing him with supervision and instruction in the rearing of his babies than by offering him free police protection, clean streets, or instruction in geography or grammar. Every dollar spent by a community in demanding and creating healthy childhood is saved ten and a hundred times over in later hospital care, school "repeaters", juvenile courts and reform schools, poor relief and penetentiaries. Moreover one day's burial of every baby that dies costs on an average ten times as much as its share for a year of a skilled baby nurse to watch and help to save it. Not all baby lives can be saved, but in the four Oranges this year out of 127 babies who died before reaching their first birthday, 61, or nearly one half, died of diseases that are coming to be recognized as largely preventable. The $2500 spent on these baby funerals would pay for the supervision and chance to live of 600 babies now in the care of loving but ignorant mothers. And saving the mere lives of babies is not the only or even the greatest part of infant welfare work. Hundreds of babies who now manage to live, drag unhelped through their first year only half equipped to face the second or the fifth or the longer or shorter series of years to follow. These are needlessly a handicap to themselves and to the community. Skilled supervision at no great cost, and instruction and advice to the mother during this critical baby period not only

go far to preserve the health rights of the one particular baby but give the mother knowledge for the more intelligent care of the babies to come and tends to create better health conditions in the home which react on children of any age.

The chief obstacle that hinders the full development of a constructive child welfare program the country over is the ignorance of the general public as to the need and value of such fundamental health work. But that ignorance and the excuse for it is fast disappearing. It is time that public sentiment in the Oranges should rouse itself to the demand for a more active and extended campaign for the conservation of its child health. The pioneer work started and so long carried on here by private organizations, and already to some extent taken over by the health authorities, has proved its worth in the community beyond a shadow of a doubt. It has justified its appeal to the more generous support of taxpayers, not as a humanitarian charity, but as a preventive safety measure for the community—an insurance against future harm and human waste. The question is not "Can the city afford this work?" but rather, "Can the city afford to neglect the work's fullest development?".

Bronze doors have been designed by Roger Noble Burnham for the main entrance of the Forsyth Dental Infirmary for Children in Boston:

"*The panels express the idea that whereas in former times the care of the child was left almost entirely to the mother, the modern state has found that the child is an asset which it pays to cultivate. Until recently this was done by education alone. But finding that education was wasted upon a defective child, the community is now giving more and more attention to its health.*

"*This is symbolized in the female figure of the right panel, 'The Commonweal, giver of health and learning.' The figure at the left is 'The Mother, giver of life and love.'*"—*The Survey.*

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TITLE